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ABSTRACT

Filial therapy is a psychoeducational skills training approach in which parents are taught how to conduct child-centered play sessions with their own children. A summary of this technique is offered in this paper. Filial therapy, based on child-centered play therapy developed by Carl Rogers and Virginia Axline, allows children to express themselves through play and be free from judgment and criticism. However, its major purpose is to strengthen the parent-child relationship. Parents learn to understand their child's needs and establish in their home an atmosphere that is nonjudgmental. This therapy technique uses the assumption that a child's knowledge of self has been gained as a result of interactions with others and it has advantages compared to traditional child psychotherapy, such as acknowledging a parent's skill in parenting. With this technique, typically used with children aged 3 to 12 years, parents are taught to conduct play sessions with their children. Parents then learn to integrate these play sessions and parenting skills and then apply these new skills and knowledge with their children. Outcome research has proven the effectiveness of filial therapy, most notably in allowing children to verbalize their negative feelings and in helping parents develop more empathic behavior. (RJM)

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Empowering Parents Through Filial Therapy

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Empowering Parents Through Filial Therapy

Filial therapy is a psychoeducational, skills training approach that joins together play therapy with parental education (Van Fleet 1994a). Parents are taught how to conduct child-centered play sessions with their own children (Van Fleet, 1994b). Initially introduced in the 1960's, filial therapy assumes that parents can be their child's therapeutic agents. This approach is a shift from a more medical model approach to child psychotherapy to a parental education model (Ginsberg, 1989).

Filial therapy is based on child-centered play therapy, developed by Carl Rogers and Virginia Axline), which:

> offers a way for the child to experience acknowledgment of self, free from judgment and criticism, as well as an opportunity to gain a sense of mastery. It is a place where he or she can choose his or her own needs of success and power, and experience them in a safe environment with clear boundaries and consequences. In such a place, in such a time, the child's true self emerges and can shaped to the child's own specifications (Ginsberg, 1989, p. 443).

Children use play to express themselves, since they are unable to express themselves verbally. Play allows children to work out complex problems and explore emotions. Play is a symbolic way for children to express their feelings and facilitates the development of cognitive and motor abilities (Ginsberg, 1989). Play also assists the child in understanding their world and developing social judgment and coping abilities (Van Fleet, 1994b).

The major purpose of filial therapy is to strengthen parent-child relationships. Parents learn to understand their child's needs and establish in their home an atmosphere that is non-

judgmental and allows children to freely express themselves (Van Fleet, 1994a). Because children are encouraged to express their needs, feelings, and thoughts to their parents, they gain self-respect, confidence, and feelings of self-worth (Guerney, 1964).

The goals of filial therapy for children are to help children recognize and express their feelings, help them develop problem-solving and coping skills, to increase their self-confidence and self-esteem, to increase trust between parent and child, to decrease problem behaviors, and to promote a positive, open, cohesive family climate. The goals of filial therapy for parents are to increase parental understanding of their child's development, to help them recognize the importance of play, to decrease parental frustration about their child's behavior, to increase parental confidence, to increase parent-child communication, and to provide an atmosphere that is non-threatening to their children (Van Fleet, 1994b).

The assumption of filial therapy is that a child's knowledge of self has been gained as a result of interactions with others. It is also assumed that "family dysfunction is due to inadequate learning and habit formation rather than sickness or maladjustment" (Ginsberg, 1989, p. 452). Through filial therapy, families learn new, more positive ways of interacting with one another (Ginsberg, 1989).

There are many advantages of filial therapy compared to traditional child psychotherapy. Filial therapy acknowledges a parent's skill in parenting (Johnson, 1995), and also acknowledges that parents are the most significant adults in a child's life. Filial therapists believe that parents have the capacity to become therapeutic agents for their children (Van Fleet, 1994b). Parents as therapists have been found to be equally or more effective than professionals, since professionals providing treatment doesn't improve the parent child relationship (Guerney, 1983). In addition to enhancing this relationship, filial therapy also builds trust between parent and child, reduces

anxiety, and enhances a child's sense of security (Ginsberg, 1989). Another advantage of having the parent act as their child's therapist is a parent feels instrumental in helping their child, rather than feeling excluded when the psychologist or psychotherapist conducts the therapy. Not only do parents often feel excluded from traditional child psychotherapy, but they are also left feeling that they are the cause of their child's problems (Kraft, 1973). Filial therapy is often conducted with a group of parents. The advantage of this approach is more parents are helped to become better at parenting (Guerney, 1964) and parents within the group provide peer support and feedback to each other (Johnson, 1995).

Filial therapy is most typically used with children aged 3 to 12 (Van Fleet, 1994a). It was initially developed to assist children with social, emotional, and behavioral problems. More recently, filial therapy has been recognized as an effective treatment in strengthening parent, child, and family relationships (Van Fleet, 1994b).

Through filial therapy, parents are taught to conduct play sessions with their children, while under the supervision of filial therapists. Parents learn to integrate these play sessions and parenting skills and then apply these new skills and knowledge with their children at home (Van Fleet, 1994b). Parents are taught the four basic skills of filial therapy: structuring, empathetic listening, child-centered imaginary play, and limit-setting. Through the skill of structuring, children are told by their parents that during the play session they are free to do whatever they desire. The therapist teaches empathetic listening skills to the parent who uses this skill to convey to their child their acceptance of their feelings and needs. Parents learn to rephrase a child's feelings as they are expressed by the child in a manner that conveys genuine interest and understanding without dominating or leading the play session. The child-centered imaginary play skill teaches parents how to act out the various roles that the child might ask them to play. The

limit-setting skill provides the child with boundaries and limits, such as what time the play sessions ends or not to hit their parent during the play session (Van Fleet, 1994b).

Parents are encouraged to select toys for the play session that will elicit different feelings and themes. For example, to elicit angry feelings, dart guns, bop bags, and rubber knives may be employed. To elicit feelings of mastery, cooperation, and competition; construction toys and blocks may be used. Toys that are associated with nurturing themes are items such as baby bottles and dolls. In order for a child to play out family issues, a doll family, a kitchen set with dishes and utensils, and puppets should be provided. Other items to include for the play sessions: medical kits, masks, dress-up clothes, sand, clay, markers, paper, and paints (Van Fleet, 1994b).

After parents are taught the basic skills of filial therapy and toys are selected to be used for the home play sessions, the parents are taught how to conduct the play sessions with their children. First, the therapist models how the play sessions should be conducted by playing with the child while the parent observes. Next, the parent and the therapist role play the play sessions with the therapist assuming the role of the child; or in group situations, the parents role play with each other. Then, the parent conducts a real play session with their child under supervision of the filial therapist. Finally, the parent conducts the play sessions at home with their child and reports back to the therapist or group about their experience (Van Fleet, 1994a).

Outcome research has proven the effectiveness of filial therapy. In a study conducted by Stover and Guerney (1967), filial therapy was found to be effective in allowing children to verbalize their negative feelings and providing an atmosphere for children to demonstrate nonverbal aggression. Mothers in the study increased in their reflective, empathic verbal statements and made less directive statements. Bratton and Landreth (1995) found single parents increased their empathic behavior, showed more acceptance and unconditional love to their

children, their perceived level of stress improved, and the number of problem child behaviors reported by parents decreased. Other research has found filial therapy effective in improving self-esteem and social and academic functioning among learning disabled children (Johnson, 1995).

In conclusion, filial therapy appears to be an exciting, innovative approach, combining traditional play therapy and parent education. Through this therapy, parents are empowered as psychotherapeutic agents for their children, and both parent and child benefit as positive parent-child interactions are increased, problem behaviors are decreased, and parents become more accepting of their children.

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